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Rural & Frontier Health Division Update

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Welcome to the "Rural and Frontier Health Division Update!" This newsletter is provided as an informational source on activities involving the programs and services within the division. Comments and/or suggestions are welcomed and may be addressed to WDH-RFHD@health.wyo.gov.

Office of Rural Health



NOSORH Awards

NOSORH recognizes Wyoming Senator John Barrasso and Nebraska Senator

Ben Nelson: The National Organization of State Offices of Rural Health (NOSORH)
has awarded Senators Barrasso and Nelson the 2010 NOSORH Legislator of the Year
Award.

NOSORH is the membership organization for state offices of rural health. The organization presents its Legislator of the Year award annually to recognize outstanding federal legislators for work and support of rural health initiatives that address national rural health care needs.

Senators Barrasso and Nelson are co-recipients of this year's award. Senator Nelson introduced and Senator Barrasso co-sponsored legislation that eliminates the federal tax burden for recipients of state-funded healthcare provider loan repayment programs. Sixteen states currently have such programs. This bill passed as Section10908 of the Patient Protection and Affordable Care Act in March 2010 and became retroactive for awards made after December 31, 2008.

"As a result of this much-needed tax relief, healthcare professionals practicing in rural and underserved areas of these 16 states will have additional money to apply to their educational debt," noted Dennis Berens, director of the Nebraska Office of Rural Health, and Ron Pearson, administrator of the Rural and Frontier Health Division of the Wyoming Department of Health, in their nomination of Sens. Barrasso and Nelson. "Rural and underserved communities in all 16 states will also benefit because these healthcare providers will have more money to support the local economy."

The Office of Rural Health staff in Nebraska and Wyoming nominated the Senators for this award, and will present them along with NOSORH at the National Rural Health Association meeting in January 2011.

<u>MHCC Receives \$2.4M eCare Grant</u>: The New Funding Connects Rural Patients to eEmergency, ePharmacy and eICU Specialists

Patients of Memorial Hospital of Converse County will benefit from the latest technological advances that expand patients' access to quality care in rural areas, made possible through a grant from The Leona M. and Harry B. Helmsley Charitable Trust.

The Leona M. and Harry B. Helmsley Charitable Trust advised us yesterday that Memorial Hospital of Converse County has been awarded \$2,423,880 for **eCare**, a program that gives physicians immediate access to specialty care and pharmacists 24 hours a day. The grant will be used to purchase equipment that connects local physicians with specialists and pharmacists. Memorial Hospital of Converse County will receive equipment for **eEmergency**, **ePharmacy** and **eICU** ® services. These **eCare** services will link us with specialists in each of the eCare specialty service areas.

eEmergency will link us to an on demand around-the-clock care team lead by board-certified Emergency Room physicians and is targeted for Go-live in February of 2011.

ePharmacy provides 24-hour access to hospital-trained pharmacists, making it possible for patients to receive prescriptions when the on-staff pharmacist is not available and is targeted for Go-live in May of 2011.

eICU is scheduled for Go-live in October of 2011 and links our rural Intensive Care Unit to an around-the-clock care team lead by intensivists. Medical monitoring equipment at three (two fixed and one mobile) ICU bedsides at our facility hospital will give the intensivist team a firsthand look at patients.

This incredible gift gives our local physicians and health care workers an immediate connection to specialty care and pharmacists 24-hours per day seven days per week. It will allow us to keep more patients close to home during treatment. We anticipate these services will improve both our retention and recruitment efforts for both physician and staff as we will have services available at our finger tips which most facilities of our size and rural location do not have access to.

The Rural Healthcare Program of The Leona M. and Harry B. Helmsley Charitable Trust began awarding grants in 2009. In the last two years, The Trust has awarded more than \$84 million in grants to nonprofit organizations in the region. The Trust, established in 1999, supports a diverse range of organizations with a major focus on health and medical research, human services, education and conservation. To date, The Trust has announced more than \$381 million in grants to charitable organizations.

We are the first Critical Access Hospital in Wyoming to be installing these kinds of services and we will be the first hospital in the region to install a suite of three *eCare* services through Avera Health. We will be meeting with Avera Health staff in January to develop an installation timeline. Thanks for all your efforts! Tom Nordwick, CEO eICU is a registered trademark of VISICU, Inc.



NOSORH recognizes Sharla Allen: Great news to share! Sharla Allen, Office of Rural Health Manager, has been selected as the Region E Representative for the National Organization of State Offices of Rural Health (NOSORH), replacing Lou Ann Wilroy (CO). Lou Ann is President-Elect of NOSORH. Region E encompasses Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming. Sharla also was honored as this year's recipient of NOSORH's 'Emerging Leader' award. This award is presented to an individual SORH staff member who has demonstrated new leadership, initiative, involvement, and commitment to the mission of NOSORH or State Offices of Rural Health. This individual has demonstrated exemplary communication, passion, or understanding of an issue to enhance education, advocacy, or partnerships to improve rural health. Congratulations, Sharla!

Rural Health Care Leadership Conference, January 30 – February 2, 2011, Phoenix, AZ: For 24 years, Health Forum and the American Hospital Association's Rural Health Care Leadership Conference has both informed and inspired rural health care leaders and this coming year is no exception. The 2011 conference brings a unique focus on innovative ideas, thoughtful insights, and proven strategies for improving rural hospitals and developing rural healthcare leaders. For more information visit www.healthforum.com/rural or click here to download the conference brochure.

Grant Writing Workshop:

The Office of Rural Health partnered with Grant Writing USA to deliver a grants training program to enhance performance in the areas of grant writing, grants management, and grant maker research in Riverton, Wyoming, September 21st and 22nd. The workshop covered how to write grant proposals start to finish and how to locate and track relevant grant opportunities for both beginning and experienced participants. Beginners learned what they need to be successful. Experienced attendees gained new insights. sharpened skills, and affirmed their knowledge. Funding for the workshop was made possible by the State Office of Rural Health (SORH) Grant 5 H95-10-001 from the Federal Office of Rural Health Policy. The course, valued at \$425, was offered to each participant for \$25. The workshop filled to capacity with 70 participants.



Office of Rural Health Site visits: The Office of Rural Health (ORH) staff recently made site visits to Critical Access Hospitals in Torrington, Lusk, Douglas, and Sundance. The purpose was to visit with key hospital personnel regarding the programs ORH administers and to enhance the hospitals' understanding of the programs and discuss how ORH could assist their facilities. The visits were productive and informational for both ORH staff and hospital personnel. More site visits throughout the state will be planned.

APGAR – **not just for babies:** Most healthcare professionals know about the Apgar score for babies. Apgar is a mnemonic learning aid used to evaluate a newborn baby on five simple criteria (Appearance, Pulse, Grimace, Activity, and Respiration). Dr. Virginia Apgar, an anesthesiologist, developed the score in order to ascertain the effects of obstetric anesthesia on babies.

The Office of Rural Health is funding a Community Apgar study for each of the 16 Critical Access Hospitals to assist them in identifying their strengths and weaknesses in recruiting and retaining physicians and other healthcare professionals.

The Community Apgar program was developed and validated at Idaho State University. It scores a community on its ability to recruit and retain physicians based upon the Community Apgar Questionnaire, which aggregates the questions into five classes: geographic, economic, scope of practice, medical support, and hospital and community support. The two year process includes an

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initial visit to conduct the survey with the hospital CEO and a physician. The responses are sent to Idaho State University where they are analyzed and returned to Wyoming. A second trip to the hospitals takes place late in this first year to share results. The process is conducted again the second year, this time to learn how the hospitals and communities have improved their recruitment efforts.

Steve Bahmer, who conducts the interviews, commented "I think the project is going to be very enlightening. The physicians and hospital CEOs I've interviewed have been very engaged and enthusiastic about participating, and I think we've collected what will ultimately be very valuable data in helping them improve their recruiting and retention efforts. I'm looking forward to returning to the hospitals in the spring and sharing what we've learned with the physicians, the hospital CEOs, and their boards.

Once results in Wyoming are validated, ORH will consider expanding the program to other hospital and clinic models.

Funding for the Community Apgar program was from the Community Assessment Program approved by Governor Freudenthal. The program is managed by Wyoming Health Resources Network.

Small Rural Hospital Improvement Grant (federal): The Office of Rural Health (ORH) coordinates the federal Small Rural Hospital Improvement Grant (SHIP) by coordinating/consolidating 17 individual hospital applications into one document and submitting the consolidated application to the Health Resources and Services Administration (HRSA). ORH also coordinates and compiles a consolidated annual report back to HRSA describing how the participating hospitals complied with the grant program's requirements.

In 2010, a participating hospital could use the grant funds from this program to purchase/update: computer hardware and software to enhance quality health initiatives; and/or education and training to train staff to use technology to improve patient outcomes; and/or Prospective Payment System to update chargemasters and improve billing/coding.

In 2011, a participating hospital could use the grant funds from this program to purchase/update: To be eligible for this program, a hospital must: have 49 or fewer beds; be located outside a Metropolitan Statistical Area; and be defined as a non-federal, short-term, general acute care facility. Hospitals with fewer than 50 beds, located in an area designated by any state law or regulation as a rural area or as a rural hospital are also eligible.

"This is the easiest federal grant in which a hospital can participate. The application is short and simple, what they are going to purchase, and how much it will cost. The report is also short and simple, what they purchased and how much they paid. ORH does everything else," said Michelle Hoffman, ORH's SHIP manager.

Community Services Programs

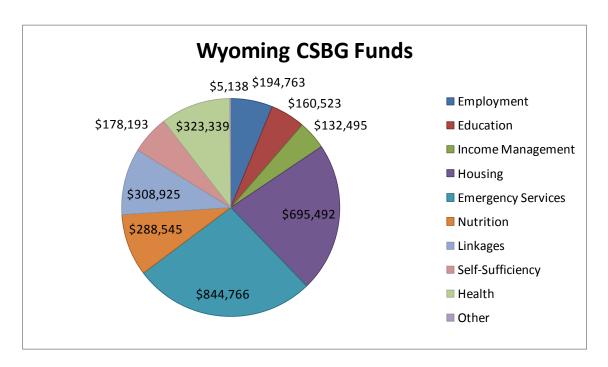
<u>Community Services Programs welcomes new employee</u>: Kate Pirayesh was born in California, but raised in Casper, Wyoming. After growing up in Casper, Kate returned to Los Angeles, California, for college where she



received her associates in Marketing. After two years in California, Kate was eager to return to Wyoming and is now happy to be living in Cheyenne. Kate worked previously as a bank teller for Hilltop National Bank and an accounting assistant at Wyoming Health Fairs. She is passionate about health and wellness and excited to be settling in to her new position as Benefits Specialist for the ESRD Program and Wyoming Cares / Wyoming Shares Organ Donor Program.

An example of how federal, state, and community non-profit agencies work together to help low-income people can be found in Wyoming's financial literacy program in Torrington: Northwest Community Action Programs of Wyoming (NOWCAP) applied for Community Services Block Grant (CSBG) American Recovery and Reinvestment Act (ARRA) funding to provide Money Smart counseling to teens and adults in Goshen, Lincoln, Niobrara, Sublette, and Weston Counties. In the program's first 11 months of operation, the Torrington program reported that 112 soon-to-be-released inmates from three local facilities (the Wyoming Medium Correctional Institution in Torrington and the Wyoming Honor Conservation Camp and the Wyoming Boot Camp in Newcastle) have completed Money Smart financial training. Through that same funding, children between the ages of 8 and 12 years attended summer classes on saving, deposits, budgets, and how to count money in both English and Spanish through an agreement with Wyoming Workforce Services.

The programs are supported by federal funds administered by Community Services Programs of the Wyoming Department of Health, Rural and Frontier Health Division, and serve low- to moderate-income families and senior citizens as well as at-risk youths, special needs adults, drug and alcohol offenders, and inmates at various correctional facilities. According to Bill Edyvean, NOWCAP Program Director, "Our financial literacy program in Wyoming continues to grow. We now plan to serve more employee groups and people who have received public assistance in order to help them better manage their financial lives." Edyvean noted that NOWCAP, a *Money Smart* Alliance Partner based in Worland, has been using the *Money Smart* curriculum in a year-old financial literacy program for low-income people throughout the state.



Community Services Block Grant (CSBG) American Recovery and Reinvestment Act (ARRA) Program:

The \$5,000,000 ARRA funds were distributed, in the same manner as regular Community Services Block Grant (CSBG) funding, in the following spending categories of service: Education; Emergency Services; Employment; Health; Housing; Income Management; Nutrition; Programs for Youth and Seniors; and Self-Sufficiency, with an extra emphasis on Health, Housing, Employment and Nutrition. CSBG primarily provides services and activities to low-income people. The Wyoming Department of Health, Rural and Frontier Health Division, Community Services Programs (CSP) contracted with 20 of the 23 Wyoming counties and the Wind River Indian Reservation through CSBG Tripartite Boards. The Tripartite Boards distributed the funds into the communities through service providers. Projects included providing emergency medical, dental, optical, and pharmaceutical assistance; emergency housing and utility assistance; meals and nutrition assistance; transportation assistance; emergency assistance to victims of violence; employment programs; preschool scholarships; youth development programs; financial literacy; and budget counseling.

Two counties elected not to participate and 1 county accepted partial funding. Two additional Grant Award Agreements were created to re-allocate all but \$32,968.00 of the ARRA funding. In addition to the \$32,968.00 not allocated, 1 board returned \$15,489.22 because a service provider was unable to spend the funding and 1 board was simply unable to spend \$2,476.44. CSP will be returning \$50,933.66 to the U.S. Treasury. From October, 2009 through September, 2010, local CSBG programs expended \$4,949,066.34, providing 193,004 services to 22,469 unduplicated individuals and creating or retaining 105 jobs with CSBG ARRA dollars.

Vital Statistics Services

<u>This Is a Cornerstone of Your Life (and Everyone Else's) at WDH Vital Statistics Services</u>: With very few exceptions, people who've lived in Wyoming only briefly may be named on a record at the Wyoming Vital Statistics Services.

On one document or another, we're all in there: You, your family members, co-workers, that homeless guy selling flowers by the highway on-ramp, and the teenage soldier from Evanston who returned and died later after suffering wounds during WW II.

In all, the secure storage of State Archives or the vault places in Vital Statistics Services at the Hathaway Building in Cheyenne house more than 100 years of individual records of birth, and death, and thousands of marriage, divorce, paternity, legal name changes and adoptions — some dating back to the late 1800's. The documents have been kept here since 1910, when the state Legislature required records to be sent to Cheyenne.

Although the paper that older records are printed on is often yellow and crumbling, staffs are devoted to keeping them intact and accessible as a portal to our shared history. If you've ever looked closely at them, you know how fine the printing and penmanship used to be. Those records must never be lost. And we intend to make sure they're safe.

A Wildly Popular Resource

Hathaway Building employees in Cheyenne spend a lot of time giving directions to people who are searching for the Vital Statistics Services office. It's one of the most-used record offices in state government, serving 15-20 walk-ins per day and thousands of written requests. Altogether, the staff process more than 58,000 record requests a year.

Customers have countless reasons for requesting documents from Vital Statistics Services and often do so at predictable times of the year: birth certificates for summer passport season and back-to-school time in fall; various records for tax time in spring; birth and death records year-round for amateur genealogy researchers.

We also supply a lot data for all sorts of research projects, such as:

- · Colleges and universities looking for statistics for grant requests.
- Referrals to support investigations of possible fraud associated with vital records.
- Energy companies looking for death records to identify possible links between their workers' deaths and hazardous materials they encounter at work. (This process requires application through WDH Institutional Review Board.)
- DFS use in verifying birth-related information on their clients.
- Creditors seeking official confirmation of customers' deaths. (Records for this purpose are issued only to qualified applicants who have appropriate supporting documentation.)
- Insurance policy beneficiaries who need death records to collect on policies taken out by deceased spouses or other family members.

Preserving the Public Trust

Not all who request documents have legal motives. Illegally obtained vital statistics records are valuable to identity-theft schemes. Some safeguards include ensuring that records are provided only to qualified applicants (including relatives), limiting the number of times a given record can be provided, and monitoring the premises to keep unauthorized people away from the records storage areas.

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A customer may ask for something that can't be provided. But when we occasionally have to explain the legal reasons why we can not legally fulfill someone's request, we all try to be as helpful and professional as possible in every case.

Records Are Essential, Irreplaceable

These measures are in place for one ultimate reason: The records stored here are irreplaceable.

Although digital vital statistics management is a growing reality — 99.6 percent of birth records now are electronic, thanks to hospitals with direct links to VSS —there always will be a role for the old "hard copy" records.

Multicultural Health

<u>New Employee</u>: The Wyoming Office of Multicultural Health would like to welcome Cherame Serrano as the newest member of our staff. Cherame is moving within the Rural and Frontier Health Division. She has been with the State since October 2009 and was working in the Community Services Programs, Wyoming Cares/Wyoming Shares and End Stage Renal Disease. She brings with her a diverse background in customer service, marketing, and office management.

Cherame has been a Wyoming resident for 28 years. She was formerly a member of the Board of Directors for the Cheyenne Community Clinic and currently supports Family Promise, a shelter for homeless families in Cheyenne. She has two children, Michael and Marisa, both residing in Cheyenne. In her off hours, Cherame enjoys gardening, reading, and playing with her dogs, Odie and Lucy.

<u>Select Committee on Tribal Relations</u>: Lillian Zuniga was one of three Wyoming Department of Health presenters during the December 8-9 meeting of this legislative committee. Lillian made a presentation on the Multicultural Health program and highlighted several projects supported by the State Partnership Grant and conducted for residents of the Wind River Reservation.

Telehealth

The Wyoming Dept of Health is pleased to announce the beginning of a new service available to every provider taking care of Wyoming's Children – the Partnership Access Line. The Partnership Access Line (PAL) is a telephone based child mental health consultation system funded by the Wyoming Department of Health. PAL employs child psychiatrists, child psychologists, and social workers affiliated with Seattle Children's Hospital to deliver its consultation services. The PAL team is available to any primary care provider throughout Wyoming. Wyoming's primary care providers are encouraged to call the PAL toll free number 877-501-7257 as often as they would like. PAL provides rapid consultation responses during business hours (M-F, 9-6) for *any* type of child mental health issue that arises with *any* child. It is also available for adults who suffer from Developmental Disabilities.

Another related tool is the web-page at http://www.wyomingpal.org/index.html. On this page you will find numerous resources, especially the Primary Care guide to Children's mental health. A print version was mailed to most Wyoming providers in the last month, but it can also be accessed online, along with many other helpful links. We urge every provider of care for these populations to feel free to use these great resources. The UW team just gave a CME presentation in Cheyenne Dec. 11th, which was very well received. They are planning on three more CME programs as follows:

March 5th in Wyoming (Lander/Riverton)—Mickey, Lauren and Bob speaking March 26th in Wyoming (Sheridan)—Mickey, David, and Bob speaking May 21st in Wyoming (Rock Springs)--Kari, Bob, and Alison speaking

NEWS FROM THE RURAL ASSISTANCE CENTER (RAC):

Funding Opportunities

Rural Assistance Center (RAC) News:

Accountable Care Organizations Nov 30, 2010 -- Kansas Health Institute article discusses how creating Accountable Care Organizations (ACOs) would be difficult in a rural setting with low population, according to small-town hospital administrators.

Expectant Moms in Rural Areas Face Long Drives to Deliver Babies

Nov 22, 2010 -- LaCrosse Tribune, (WI) article tells how for women in rural communities, the joy of childbirth often comes hand in hand with extra driving.

Reaching the Remote: Telemedicine Gains Ground

Nov 22, 2010 -- American Medical News reports that nationwide, telemedicine increasingly is being used to bridge gaps in access to care in rural and other medically underserved communities that have a hard time recruiting physicians.

Identifying Health Professional Shortage and Medically Underserved Areas

Nov 19, 2010 -- Rural Health Voices article by Alan Morgan tells what has been tentatively agreed on at the Health Resources and Services Administration's negotiated rulemaking committee meeting to reconsider health professional shortage area (HPSA) and medically underserved area (MUA) that reconvened in Washington DC this week.

Affordable Care Act Creates Greater Health Care Role for CHCs

Nov 18, 2010 -- AAFP News Now reports that one of the provisions of the newly enacted health care reform legislation provides an additional \$11 billion in dedicated funding for community health centers, or CHCs, during the next five years, giving them a much greater role in the evolving health care system.

Medicare and Medicaid Programs; Approval of Det Norske Veritas Healthcare for Deeming Authority for Critical Access Hospitals; Final Notice

Nov 15, 2010 -- This final notice announces decision of the Centers for Medicare & Medicaid Services to approve Det Norske Veritas Healthcare for recognition as a national accreditation program for critical access hospitals seeking to participate in the Medicare or Medicaid programs.

Is There a Rural Mental Health Crisis?

Nov 12, 2010 -- Yahoo! News article discusses rural America's suicide rate, and how some experts suggest that increasing mental health services, while a beneficial step in its own right, doesn't address some of the other prime risk factors for suicide in rural areas.

Funding Opportunities Go to RAC Funding Database

Advanced Education Nursing Traineeship (AENT)

Application deadline: Dec 22, 2010

Grants to eligible institutions to provide financial support through traineeships for registered nurses.

Traveling Professorship in Rural Areas

Application deadline: Jan 3, 2011

Grant to provide support for the applicant to provide face-to-face infectious diseases education to practicing physicians in rural areas in the applicant's state of residence or primary practice.

National Health Service Corps Loan Repayment Program

Application deadline: May 26, 2011

Loan repayment funding to ensure an adequate supply of health professionals to provide primary health services in selected health professional shortage areas.

Rural Emergency Responders Initiative

Application deadline: Applications accepted on an ongoing basis. Grants to strengthen the ability of rural communities to respond to local emergencies.

Upcoming Events:

- Rural Health Policy Institute, January 24 – 26, 2011, Washington, D.C.
- Rural Healthcare Leadership Conference, January 30 – February 2, 2011, Phoenix, AZ
- Annual Rural Health Conference, May 3 – 6, 2011, Austin, TX
- Rural Health Clinic Conference, September 27 – 28, 2011, Kansas City, MO
- Critical Access Hospital Conference, September 28 – 30, 2011, Kansas City, MO

We're on the Web!

See us at:

www.health.wyo.gov/rfhd